SUBMIT: COMPLETED APPLICATION, TAX

Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

BAYFIELD COUNTY, WISCONSIN APPLICATION FOR PERMIT

"Junalet"

PHRE

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2,130

Date Stamp (Received)

Ž 12 2013

> A, Permit #: Date: Amount Paid: \$2130 Ş

12-11-1

11-12-13

Refund:

INSTRUCTIONS: No permits will be issued until all fees are paid.

Checks are made payable to: Bayfield County Zoning Department.

DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT. TYPE OF PERMIT REQUESTED→ Ø LAND USE Owner's Name: Address of Property: \$ 710,000 Contractor:

NUNTH FORE \

Number | Num SOK WHICKUM PS Existing Structure: (If permit being applied for is relevant to it) Proposed Construction: of Completion
\* include donated time & **U**∕shoreland Value at Time Non-Shoreland PROJECT LOCATION Section 1/4, Ġ Legal Description: (Use Tax Statement) (As Property/Land within 1000 feet of Lake, Pond or Flowage If yes---continue Conversion

Relocate (existing bldg) ☐ Is Property/Land within 300 feet of River, Stream (ind. Intermittent)
Creek or Landward side of Floodplain?
If yes—continue —▶ New Construction
Addition/Alteration Property Run a Business on , Township 74 Project Mon applying for) 44 1000 に大な Gov't Lot behalf of Owner(s)) N, Range and/or basement 1-Story + Loft Basement # of Stories Foundation No Basement SANITARY PKI Contractor Phone:
40(0-551-4060)
Agent Phone: Lot(s) 406-451-1468 5110 N YOTH ST. STEDEL PIN: (23 digits)
04-018-2-44-07-28-400-213-5000 ٤ City/State/Zip: SS 7 Length: Length: Q Séasonal Year Round PRIVY Vol & Page Use DRUMMOND 0 **|** HOW DO I FILL OUT THIS APPLICATION (visit our website www.bayfieldcounty.org/zoning/asp) Plumber:
AMD/CY RIFS/MUFS/EM & Son S
Agent Mailing Address (include City/State/Zip): 123459 CONDITIONAL USE Distance Structure is from Shoreline : Distance Structure is from Shoreline : bedrooms wV None No. 으, # City/State/Zip: PHOEN/AA/85018 Width: € Width: Plock(s) No. Portable (w/service contract Compost Toilet None (New) Sanitary Privy (Pit) or Sanitary (Exists) Municipal/City What Type of Sewer/Sanitary System Is on the property? SPECIAL USE Volume 57737 Lot Size Subdivision: 237 Recorded Document: (i.e. Specify Type: Vaulted (min 200 gallon) Specify Type: Is Property in Floodplaip/Zone?

Yes

No B.O. Height: Height: Plumber Phone: G S S Attached

Yes No
t: (i.e. Property Ownership) Telephone: Cell Phone: Written Authorization CHAR Page(s) OTHER 400 50 □ City Water

Secretarial Staff			,	Rec'd for Insuance	iviunicipal Use				☐ Commercial Use				Residential Use			- ALDREW HOLL -	Proposed Use
	<u></u>	П	e cumo in-												₹		<
Other: (explain)	Conditional Use: (explain)	Special Use: (explain)		Accessory Building Addition/Alteration (specify)	Accessory Building (specify)	Addition/Alteration (specify)	Mobile Home (manufactured date)	<b>Bunkhouse</b> w/ ( $\square$ sanitary, or $\square$ sleeping quarters, or $\square$ cooking & food prep facilities)	with Attached Garage	with (2 <sup>nd</sup> ) Deck	with a Deck	with (2 <sup>nd</sup> ) Porch	with a Porch	with Loft	Residence (i.e. cabin, hunting shack, etc.)	Principal Structure (first structure on property)	Proposed Structure
	_	1		_	_				_	_	_		_	_			말
×	×	×		×	×	×	×	×	×	×	×	×	×	×	×	×	Dimensions
_	•	_		-	_	_	-	_	_	_	_	-	_	)	_	_	s .
										550				196	3500		Square Footage

I (we) declare that this appi am (are) responsible for the may be a result of Bayfieto above described property/a FAILURE TO OBTAIN A PERMIT <u>or STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES</u>
including any accompanying inforpation) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) arknowledge that I (we) and accuracy of all information (we) are (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which relying on this promation (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the results of the purpose of inspection. Bry 000 24 2013

Authorized Agent:

(If you are

signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit

(If there are Mukip the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Date

Date

Attach
Copy of Tax Statement V
If you recently purchased the property send your Recorded

		Hold For Fees:	San Parket San	Hold For Affidavit:		Hold For TBA:	Ϋ́ []	
Date of Approval, 3	Day						of Inspector:	Signature of Ins
tracted UDC be obtained uction	con must onstru	locally agency start of	, rect			Permit construction of DI	1 6 mm	Fermul
DC) permit —————	Code (U	Dwelling	Futal A Uniform		Inspect	2-10-13	ction:	Date of Inspect
Zoning District $(\mathcal{RRB}_+)$ Lakes Classification $(-I)$	Zoning District Lakes Classifica			Sha.	Patha	Meeto all set backes	Stabel.	Inspection Reco
□ No	Owner & Yes _ veyed & Yes _	Were Property Lines Represented by Owner Was Property Surveyed	Were Property Line		□ □ No No	Was Proposed Building Site Delineated XYes	as Parcel Le	Was Propose
	Case #:	y Variance (B.O.A.)	Previously Granted by Variance (B.O.A.) ☐ Yes W No			.) Case #:	iance (B.O.A	Granted by Variance (B.O.A.)  ○ Yes XNo
tequired ☐ Yes X\No \ttached ☐ Yes X\No	Affidavit Required Affidavit Attached	□ Yes XNo □ Yes XNo	Mitigation Required Mitigation Attached	No Ne	(Deed of Record)(Fused/Contiguous Lot(s))	□ Yes	Sub-Standar nmon Owne Non-Confor	Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming
			Ö	Date: 169-11-	Permit Date:		048	Permit#://3-
Date: 10/2/13	Sanitary Date:	# of bedrooms:	-1/55	Sanitary Number: /3 - Reason for Denial:		Issuance Information (County Use Only) Permit Denied (Date):	ormation Date):	Issuance Informa Permit Denied (Date):
), <u>Privy (P)</u> , and <u>Well</u> (W). gun. welling Code.	5 000	in field (DF), Holdir Construction or Us Jired To Enforce The Iso require permits.	Septic Tank (ST), Draithe Date of Issuance if Aunicipalities Are Requederal agencies may a	w Construction, Some (1) Year from Specific ALL No Specific City, State or Fe	rcation(s) of Ne Permits Expire ( One & Two Famil ocal Town, Villag	Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT)  NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not be; For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dv  The local Town, Village, City, State or Federal agencies may also require permits.		(9)
must be measured must be visible from seed site of the structure, or must be	vhich the setback must	ç the boundary line from v ₃ known corner within 500	ne minimum required setback of a corrected compass from a	se. n thirty (30) feet from th the Department by use c	at the owner's expen- (10) feet but less thai irner, or verifiable by t	other previously surveyed corner or marked by a licensed surveyor at the owner's expense.  Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proprimarked by a licensed surveyor at the owner's expense.	eyed corner or n it or construction yed corner to the surveyor at the	other previously survitions to the placement of the placement of the previously survernarked by a licensed
from one previously surveyed corner to the	visible	from which the setback must be measured must be	oundary line from which the	Feet Feet Feet Feet Feet Feet Feet Feet	) feet of the minimum	Setback to <b>Drain Field</b> Setback to <b>Privy</b> (Portable, Composting)  Privr to the placement or construction of a structure within ten (10) feet of the minimum ten	y (Portable	Setback to <b>Drain Field</b> Setback to <b>Privy</b> (Port
44 Feet			Setback to Well	Feet		Tank or Holding Tank	tic Tank or	Setback to <b>Septic</b>
A Feet		6 Slope Area	Setback from 20% Slope Elevation of Floodplain		e 53	t Line	he West Lot	Setback from the West Lot Line Setback from the East Lot Line
		land	Sethack from Wet	Feet	NA.	ot Line	he North Lo	etback from t
WA Feet	high-water mark) Creek		Setback from the Lake (ordinary Setback from the River, Stream, Setback from the Bank or Bluff	Feet Feet	3	Setback from the Centerline of Platted Road Setback from the Established Right-of-Way	he Centerlii he Establish	etback from t
Measurement		Description		Measurement	Meas	ption	Description	
by the Planning & Zoning Dept.		Changes in plans must be approved	Cha		closest point)	(8) Setbacks: (measured to the closest point)	) Setback	Please comp
		1 hada wakeyyanya		5.5	2432-1323			
44.75								
	1 : 14							
					7	ATTHEMEN	,	
						1 238 "	5	
			k; or (*) Pond	(*) Stream/Creel ) Slopes over 209	Vetlands; or (*)		Show any (*): Show any (*):	(7)
y (P)	) and/or (*) <b>Privy</b> (P)	) Holding Tank (HT	All Existing Structures on your Property  (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*)	ptic Tank (ST); (*	Well (W); (*) Se			(4) (5)
		3d)	(Name Frontage Ros	ian *) Frontage Road	North (N) on Plot Plan (*) Driveway and (*) F	of (*):		(2)
				ow location of Proposed Spectruition	Proposed Spermetion	Show I ocation of: Dro	ç	(1)

